Maximizing the Value of the ACGME Self-Study Process for Your Program: No Need to Be Afraid!

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No conflicts of interest to report
Objectives

Participants will be able to:

- Describe the ACGME self-study process
- Recognize the importance of well-defined Program Aims
- Adapt and utilize tools to conduct the self-study
- Apply lessons learned from others’ self-study experiences
Who are we? What is our Self-Study Experience?

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Poll slide

- DIO
- Institutional GME Staff
- Residency Program Director
- Residency Coordinator
- Fellowship Program Director
- Fellowship Coordinator
- Other faculty, staff
Where are you in your self-study process?

- Poll slide
  - Self-study scheduled after 2020
  - Self-study coming up in the next few years
  - Self-study in progress now
  - Self-study completed
The Self Study: Key Resources


The ACGME Self-Study—An Opportunity, Not a Burden

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Introduction

In 2013, the Accreditation Council for Graduate Medical Education (ACGME) implemented the Next Accreditation System. A major goal of the new system is for program accreditation to become a continuous process of quality improvement. Accredited residency and fellowship programs report specified data annually to the ACGME. These data are then reviewed by the specialty review committees for compliance with each specialty’s requirements. The process, the less time they may have to actually perform the self-study.

The purpose of this article is to provide an example of a successful self-study process, along with a sample timeline and self-study materials. This will hopefully guide other programs through the process, and decrease the time spent on developing a new self-study process. Ultimately, this should allow more time to be spent on the performance of a rich and informative self-study.

The Self-Study Process

Programs are notified approximately 6 to 7 months prior to their self-study submission date. The self-study process requires the key steps shown in box 1.

Engagement of key stakeholders is essential, as is an
Core Components of the Self-Study

- Program Aims
- Strengths and Areas for Improvement
- Opportunities and Threats
Core Components of the Self-Study

Program Aims

- Who are you training?
- What do your graduates do?
- Who do your residents/fellows care for? What are the characteristics/needs of your community?
- What is different about what your program offers?
- Does your program have a special “focus”? 
Core Components of the Self-Study

Strengths and Areas for Improvement

- Assess factors specific to your program (Internal)

This Identification and Focus will allow you to

- Maintain Strengths
- Address Areas for Improvement
Opportunities and Threats

- Factors \textit{external} to the program that currently, or may in the future, impact the program
  - Institutional
  - Local
  - Regional
  - National
Intent of the Self-Study

- Evaluate Effectiveness in Meeting Aims
- Assess relevant Initiatives and Outcomes achieved
- Develop Action Plans to move those aims forward
Steps in the Process

1. Assemble the Self-Study Group
2. Engage Program Leaders and Stakeholders
3. Define the Program’s Aims
4. Collect, Aggregate and Analyze Data from various sources
4. Generate a Longitudinal Assessment of the program

5. Interpret the Data in terms of the Program Aims

6. Define an Action Plan that addresses
   - Areas for Improvement
   - Approach to perceived Threats
   - Change in current or planned Aims
The Self-Study Process

Data Reviewed should include, at minimum:

- Resident / Faculty Surveys (Internal, ACGME, Well-being)
- Evaluations of Program / Rotations / Faculty
- Overall Milestone progress (looked at Programmatically)
- Board Pass Rates
- In-Training Examination results
- Curriculum

- Didactic / Simulation Education
- Stakeholder input
- Recruitment and Retention
- Workforce Diversity
- Engagement in Quality Improvement / Patient Safety
- Scholarly Activity
- Faculty Professional Development
The Self-Study Process

Prepare the Report

7. Discuss Findings with Stakeholders

8. Develop a succinct Self-Study Document for use in:
   - Program Improvement
   - 10-year Site Visit

**Ultimate Aim:**

*Develop a document that will guide your living “game plan”*
**Timeline**

9 - 12 Months Before SS Deadline
- Initiate Self-Study

0 - 2 Months Before SS Deadline
- Identify Areas for Improvement

2 - 6 Months Before SS Deadline
- Complete Self-Study

12 - 18 Months After SS Deadline
- ACGME Site Visit
Stakeholders

- **Who are your** Stakeholders? *Think Broadly!!*
- **How are you going to** Involve them?
- **What is the** DIO’s role?
- **What should** Coordinators be thinking about?

*Think about these stakeholders throughout this session*
Developing Your Aims: Step One
Why have program aims?
(besides ACGME requirements)
Purpose of program aims
ACGME says....

Suggest a relevant dimension of the program

Allow for a more “tailored” approach to creating a learning environment

Enhance the focus on functional capabilities of graduating residents
Start with your elevator speech
Developing Program Aims

Which **Stakeholders** should be involved?

What **Process** will be used to define/refine program aims?

How will you ensure that your program aims represent a **Shared Vision**?
Aims vs Goals
Aim Examples

Graduate physicians who are

- Knowledgeable about Health Systems
- Prepared to practice in an Urban, Underserved Community
- Able to enter any field of medicine with enhanced Osteopathic Manipulative Medicine skills
What is **Unique** about your program?

Where do your **trainees** come from? What do they do after graduation?

What **patient population** does your program serve?
Using Program Aims

Which **aspects of the program** do your aims impact?

How will you **share** your program aims within and beyond your program?

How can you **reinforce** your program aims?
Use your aims as a lens through which to view all aspects of your program.
Using Tools to Prioritize Program Improvements
SWOT Analysis
SWOT Analysis

PROGRAM AIM

INTERNAL ANALYSIS

STRENGTHS

EXTERNAL ANALYSIS

WEAKNESSES

OPPORTUNITIES

THREATS
Our Aim

Our osteopathic recognition track will not only produce solid pediatricians, but allow residents to

(1) maintain and advanced their OMM skills

(2) enter any academic field in pediatrics and

(3) have the capability to do osteopathic-focused research in their chosen field
What do we do well NOW to achieve this Aim?

What are we capable of doing in the near FUTURE to achieve this Aim?
Our Analysis

- **Strength:**
  We have committed time and resources for the residents to work on their OMM skills

- **For Improvement:**
  There is at times a lack of faculty time to match up with the hours needed for the OMM teaching
SWOT Analysis

- Think Short-Term and Long-Term
- Think Institutionally, but also Locally /Regionally and Nationally
SWOT Analysis

Our Analysis

- **Opportunity:**
  D.O. medical school opened branch campus 30 minutes from us with great OMM Faculty

- **Threat:**
  Will single accreditation lead some faculty to leave local DO institutions?
  Will changing reimbursement lead to less OMM activity in clinic?
SWOT Analysis
# Six Focus Areas

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<th>Career Preparation</th>
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<th>Educational Environment</th>
<th>Faculty</th>
<th>Program Administration</th>
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<td>Handoffs</td>
<td>Faculty Development</td>
<td>Evaluation</td>
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Think about a rotation in your program

*Intensive Care Unit*
Which of the elements from this list are most applicable to the ICU Rotation?

- Career Planning
- Evidence-Based Medicine
- Procedures
- Patient Safety
- Wellness
- Work Hours
- Faculty Development
- Professionalism
How will you gather information about this rotation?

- **Stakeholders**
  - Rotation Director
  - Faculty
  - Rotator Departments
  - Residents / Fellows

- **Data Collection**
  - Evaluations of Rotations, Faculty, Residents
  - Curricular materials
  - Individual Interviews vs Focus Groups
Rotation-Level Self-Study

How will you Integrate this Rotation-Level Analysis into your self-study process?

- Combine Data with other ICU rotations
- Identify Common Themes for use in SWOT and Areas for Improvement
- Collaborate with Fellowship
Going Beyond the Self-Study
Parallels To Quality Improvement

Model for Improvement

- What are we trying to accomplish?
- How will we know that a change is an improvement?
- What change can we make that will result in improvement?

Act
Plan
Study
Do

Process cycle: Plan → Do → Study → Act → Plan
QI Tools Applied to Education

Commonly Used QI Tools
- SWOT Analysis
- Driver Diagram
- Pareto Charts
- Tree Diagram
- Fishbone Diagram

Tools Used For Self-Study
- SWOT Analysis
- Rotation Analysis
- Annual Program Evaluation (APE) Tracking Sheet
APE: Defining Areas for Improvement

- Most programs identify several Areas for Improvement to work on annually
- The improvement goals are often documented in the Annual Program Evaluation
- The Self-Study asks programs to take a longitudinal and objective approach to defining and analyzing those improvements
APE: Tips for Success

- Connect Program Aims with the APE
  - Systematic assessment
  - Identify items to improve
  - Think short- and long-term
  - Be honest
  - Develop SMART goals
  - Track over several years
Lesson 1: “Be Not Afraid”

- The ACGME really is interested in using this process as a way to help programs improve
- With sincere effort, a way for you to learn
- Not Punitive
- The Site Visitors were positive, open to discussion, and helpful
Lesson 2: Your Aim Statement Should Be Significant – A Big Aim

- Engage all stakeholders in aim development
- Spend time on this!
- Your aims really define who you are and want to be
Lesson 3: The SWOT Process is Key

- Get input from all
- Saturation...Prioritize
- Site visitors focus on Strengths and Areas for Improvement, however.... you need to do the entire SWOT
- Share final consensus SWOT with everyone involved
Lesson 4: Think Broadly, Outside the Box

- Think outside of the Program, outside of the Institution
  - Regionally / Nationally
  - Government impact
  - Insurance impact
  - Competing Programs / Institutions
    - Clinical
    - Academic
Lesson 5: Process, Process, Process

Emphasis on how Feedback works

- Most important lesson learned

- Old way:
  The residency program receives feedback from stakeholders and works on issues

- New way:
  Program consolidates feedback and then sends back out to stakeholders
Lesson 6: Program Improvement as a QI Process

- We all have issues!
- Become aware of your program’s issues
  - Aims and SWOT will help you focus
- The need for many PDSAs is an expected outcome
  - Keep track of them to show how things are progressing
THANK YOU!!